King County

2015 State and Federal Legislative Priorities and Requests for Behavioral Health

Updated October 24, 2014

State Legislative Priorities and Requests

1. Increase inpatient capacity by providing capital and operating funds for two new evaluation and treatment (E&T) facilities in King County, plus capital funds for bed conversion in existing hospitals.
We request capital funding and increased operating funding for the two new E&T facilities to be launched in King County in late 2015. An additional $4.6 million per year ($9.2 million per biennium) in operating appropriations are needed, of which most funds would come from Medicaid. In addition, we request up to $15 million in one-time state-only capital funds for the E&T facilities, along with one-time capital funding of $6 million for bed conversion in existing hospitals.

2. Restore non-Medicaid mental health and substance abuse funding to fiscal year 2014 levels.
Restore to fiscal year 2014 levels the major cuts to state flexible non-Medicaid funding for mental health ($20.4 million statewide) and state non-Medicaid substance abuse funds ($10.8 million statewide), to avoid further reductions in the community services that help people avoid hospitalization and incarceration. Flexible non-Medicaid mental health funding is used for crisis outreach, involuntary commitment, residential, and other services that are ineligible for Medicaid reimbursement. Similarly, non-Medicaid substance abuse funding supports King County's only detoxification facility, outreach to at-risk and vulnerable youth, and substance abuse involuntary treatment services. Non-Medicaid funds are also needed to provide critical behavioral health care to immigrants who are categorically ineligible for Medicaid.

3. Fix timelines for designated mental health professional (DMHP) evaluation to allow sufficient time for hospitals to medically evaluate and treat individuals delivered to their care by police.
Rather than requiring DMHPs to evaluate patients referred by police within 12 hours of arrival at the hospital, instead align RCW 71.05.153 with other timeline requirements that ensure that DMHP evaluation occurs within six hours of a determination by hospital professional staff that a DMHP evaluation is necessary.

4. Integrate involuntary commitment laws for mental health and substance abuse, and provide capital and startup funding for a secure detoxification facility to operate under the integrated law.
Integration of the state's involuntary commitment statutes (RCW 71.05 and RCW 71.34 for mental health, and RCW 70.96A for substance abuse) is a key element of overall behavioral health integration, as it would support a cohesive crisis response system. Toward this end, we request state funding for capital and startup for a 16-bed secure detoxification facility that could operate via Medicaid funding under an integrated commitment law.

5. Amend the Involuntary Treatment Act (ITA) to exclude dementia and organic disorders.
Amend RCW 71.05.020(26) and 71.05.040 to make individuals with dementia or another organic disorder ineligible for involuntary commitment. Along with this change, implementation and expansion of enhanced services facilities (ESFs) and specialized adult family home (AFH) beds to treat such individuals should proceed. Additional specialty crisis resources should also be developed that would meet this population's complex needs more effectively than involuntary psychiatric treatment.

(continued on reverse side)

For additional information, please contact:
Jim Vollendroff, King County Mental Health, Chemical Abuse and Dependency Services Division, 206-263-8903

State Legislative Priorities and Requests

(continued from front side)

6. Direct Basic Health Plan portion of marijuana excise taxes to substance abuse prevention and treatment.

The portion of marijuana excise taxes that are designated for the now-obsolete Basic Health Plan under RCW 69.50.540(5)(d) should be directed to community-based prevention, recovery support, and treatment services for people with behavioral health conditions.

7. Raise liquor tax revenue for substance abuse prevention and treatment.

Create a Substance Use Disorders Treatment Account and require 30% of the funds collected for alcohol license issuance fees from spirits distributor licensees to be deposited into the account. Revenue from this account should be directed to support community-based prevention, recovery support and treatment services.

8. Increase the tobacco purchase age from 18 to 21.

Revise RCW 70.155.080 to increase the tobacco purchase age to 21 from the current 18 years, to reduce youth access to tobacco, to increase their health and years lived, and make the tobacco purchase age commensurate with the recreational marijuana purchase age.

Federal Legislative Priorities and Requests

1. Revise the Institutions for Mental Disease (IMD) exclusion rule to exempt acute-care stays of 30 days or less.

Revise 42 USC §1396d to exempt stays of 30 days or less from the IMD exclusion rule. This would allow Medicaid to be used nationwide for mental health evaluation and treatment facilities as well as substance abuse detoxification facilities that are larger than 16 beds (classified as IMDs), thereby preserving critical resources for individuals in behavioral health crisis. *Note: The state of Washington was recently granted temporary and limited waiver authority allowing the use of Medicaid in IMD facilities for acute-care mental health services only, but a comprehensive and permanent legislative fix is still needed.*

2. Revise outdated federal substance abuse confidentiality rules to align with HIPAA and other related privacy regulations.

Promote integrated care by revising the dated federal confidentiality rules specific to substance abuse treatment (42 CFR Part 2) to align with the Health Insurance Portability and Accountability Act (HIPAA) and other related regulations such as the Health Information Technology for Economic and Clinical Health (HITECH) Act, which facilitate care coordination while preserving privacy.

For additional information, please contact:
Jim Vollendroff, King County Mental Health, Chemical Abuse and Dependency Services Division, 206-263-8903